

CHAPTER 13 PLAN-MODIFIED

Dated: **February 13, 2015**

Case No. 14-44676

a. As of the date of this plan, the debtor has paid the trustee \$ **500.00** .

b. After the date of this plan, the debtor will pay the trustee \$ **250.00** per **Month** for **58** months, **beginning February 2015**, for a total of \$ **14,500.00** . The minimum plan payment length is **X** 36 or 60 months from the date of the initial plan payment unless all allowed claims are paid in a shorter time.

c. The debtor will also pay the trustee

d. The debtor will pay the trustee a total of \$ **15,000.00** [line 1(a) + line 1(b) + line 1(c)].

	<i>Creditor</i>	<i>Monthly Payment</i>	<i>Number of Months</i>	<i>Total Payments</i>
	-NONE-			
a. TOTAL	\$			\$ 0.00

<i>Creditor</i>	<i>Description of Property</i>
a. JK Storage	Month to Month Storage Unit Lease

<i>Creditor</i>	<i>Description of Property</i>
-NONE-	

	<i>Creditor</i>	<i>Amount of Default</i>	<i>Monthly Payment</i>	<i>Beginning in Month #</i>	<i>Number of Payments</i>	<i>TOTAL PAYMENTS</i>
a.	Wells Fargo Home Mortgage	\$ 6,000.00	\$ 100.00	1	60	\$ 6,000.00
b.	TOTAL					\$ 6,000.00

	<i>Creditor</i>	<i>Amount of</i>	<i>Int. rate (if</i>	<i>Monthly</i>	<i>Beginning in</i>	<i>Number of</i>	<i>TOTAL</i>
	<i>-NONE-</i>	<i>Default</i>	<i>applicable)</i>	<i>Payment</i>	<i>Month #</i>	<i>Payments</i>	<i>PAYMENTS</i>
a.	<u>TOTAL</u>	\$ _____	\$ _____	_____	_____	\$ _____	0.00

8. **OTHER SECURED CLAIMS; SECURED CLAIM AMOUNT IN PLAN CONTROLS** [§ 1325(a)(5)] — The trustee will pay, on account of the following allowed secured claims, the amount set forth in the "Total Payments" column, below. The creditors will retain liens securing the allowed claims until the earlier of the payment of the underlying debt determined under nonbankruptcy law, or the date of the debtor's discharge. NOTWITHSTANDING A CREDITOR'S PROOF OF CLAIM FILED BEFORE OR AFTER CONFIRMATION, THE AMOUNT LISTED IN THIS PARAGRAPH AS A CREDITOR'S SECURED CLAIM BINDS THE CREDITOR PURSUANT TO 11 U.S.C. § 1327, AND CONFIRMATION OF THE PLAN IS A DETERMINATION OF THE CREDITOR'S ALLOWED SECURED CLAIM.

Creditor	Claim Amount	Secured Claim	Int. Rate	Beg. in Mo. #	(Monthly Pmnts)	(No. of Pmnts)	=	Pmnts on Account of Claim	+	(Adq. Prot. from ¶ 3)	=	TOTAL PAYMENTS
a. City of St. Cloud	\$ 1,140.80	\$ 1,140.80	0	1	\$ 19.01	60		\$ 1,140.60		\$ 0.00		\$ 1,140.60
b. TOTAL												\$ 1,140.60

9. **PRIORITY CLAIMS** — The trustee will pay in full all claims entitled to priority under § 507, including the following. The amounts listed are estimates. The trustee will pay the amounts actually allowed.

Creditor	Estimated Claim	Monthly Payment	Beginning in Month #	Number of Payments	TOTAL PAYMENTS
a. Attorney Fees	\$ 2,500.00	\$ 104.17	1	24	\$ 2,500.00
b. Internal Revenue Service	\$ 1.00	\$ 1.00	24	1	\$ 1.00
c. MN Dept of Revenue	\$ 1.00	\$ 1.00	24	1	\$ 1.00
d. TOTAL					\$ 2,502.00

10. **SEPARATE CLASSES OF UNSECURED CREDITORS** — In addition to the class of unsecured creditors specified in ¶ 11, there shall be separate classes of non-priority unsecured creditors described as follows: **-NONE-**. The trustee will pay the allowed claims of the following creditors. All entries below are estimates.

Creditor	Interest Rate (if any)	Claim Amount	Monthly Payment	Beginning in Month #	Number of Payments	TOTAL PAYMENTS
a. -NONE-						\$ 0.00

11. **TIMELY FILED UNSECURED CREDITORS** — The trustee will pay holders of nonpriority unsecured claims for which proofs of claim were timely filed the balance of all payments received by the trustee and not paid under ¶ 2, 3, 6, 7, 8, 9 and 10 their pro rata share of approximately \$ **3,857.40** [line 1(d) minus lines 2, 6(b), 7(a), 8(a), 9(d) and 10(a)].

- a. The debtor estimates that the total unsecured claims held by creditors listed in ¶ 8 are \$ **0.00**.
- b. The debtor estimates that the debtor's total unsecured claims (excluding those in ¶ 8 and ¶ 10) are \$ **56,250.70**.
- c. Total estimated unsecured claims are \$ **56,250.70** [line 11(a) + line 11(b)].

12. **OTHER PROVISIONS** —

St. Cloud HRA: Grant will be paid according to the terms of the grant directly to the creditor.

Wells Fargo Home Mortgage will continue to send monthly statements directly to debtor.

Title in any secured property will vest in the debtor upon payment of the secured portion of the creditor's claim and debtor's discharge. The debtor shall receive a discharge upon completion of the scheduled plan payments or upon payment of 100% of timely filed unsecured claims, whichever occurs first. Trustee shall not pay any untimely filed general unsecured creditors (excluding taxing authorities). Claims filed as secured but for which the plan makes no express provision shall be paid as unsecured claims as set forth in Paragraph 11 above.

A proof of claim may be filed by any entity that holds a claim against the debtor for taxes that become payable to a governmental unit while the case is pending limited to only the tax year for which the bankruptcy case was filed. The trustee shall pay such claim as submitted as funds are available pursuant to 11 U.S.C. Statute 1305.

The debtor shall send the Trustee each year during the Chapter 13 Plan, copies of his/her federal and state income tax returns at the time they are filed. If the debtor receives a refund from the federal taxing agency but owes the state taxing agency (or vice-versa), the debtor will net the two out and pay the trustee the amount over \$2,400 for a single filer, or \$2,000 for a joint filer (not including any Earned Income Credit or Working Family Credit).

13. SUMMARY OF PAYMENTS —

Trustee's Fee [Line 2]	\$	<u>1,500.00</u>
Home Mortgage Defaults [Line 6(b)]	\$	<u>6,000.00</u>
Claims in Default [Line 7(a)]	\$	<u>0.00</u>
Other Secured Claims [Line 8(b)]	\$	<u>1,140.60</u>
Priority Claims [Line 9(d)]	\$	<u>2,502.00</u>
Separate Classes [Line 10(a)]	\$	<u>0.00</u>
Unsecured Creditors [Line 11]	\$	<u>3,857.40</u>
TOTAL [must equal Line 1(d)]	\$	<u>15,000.00</u>

Insert Name, Address, Telephone and License Number of Debtor's Attorney:

William P. Kain 143005
Kain & Scott, PA
13 7th Avenue South
St. Cloud, MN 56301
320-252-0330
143005

Signed /s/ Ricky Ray Schmatz
Ricky Ray Schmatz
DEBTOR

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA**

In re:

Bkty. Case No: 14-44676

Ricky Ray Schmatz,

Debtor.

NOTICE OF CONFIRMATION HEARING

PLEASE TAKE NOTICE that the Confirmation Hearing on the Chapter 13 Plan is scheduled March 19, 2015 at 10:00 a.m., at the U.S. Bankruptcy Court, U.S. Courthouse, Courtroom 8 West, 8th Floor, 300 South 4th Street, Minneapolis, Minnesota 55415.

Dated this 13th day of February, 2015

KAIN & SCOTT, P.A.

/e/ WILLIAM P. KAIN-#143005
Attorney for Debtor
13 South Seventh Avenue
St. Cloud, Minnesota 56301
(320)252-0330

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

BKY: 14-44676

Ricky Ray Schmatz,

Debtor.

Chapter 13

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the Notice of Confirmation Hearing and Modified Chapter 13 Plan was served upon all parties electronically:

U.S. Trustee
1015 U.S. Courthouse
300 S 4th St
Minneapolis MN 55415

Kyle Carlson, Chapter 13 Trustee
PO Box 519
Barnesville MN 56514

And upon all parties in interest at the addresses set forth in the exhibit which is attached hereto, by first class mail:

on February 13, 2015.

Dated: February 13, 2015

KAIN & SCOTT, P.A.

/e/ WILLIAM P. KAIN-#143005
13 7th Avenue South
St. Cloud, MN 56301
(320) 252-0330

ABNER SALES
513 NORTH HWY 29
BENSON MN 56215

BEVERLY SCHMATZ
1945 N BENTON DRIVE
#34
SAUK RAPIDS MN 56379

CITY COUNCIL CHAMBERS
400 SECOND STREET S
SAINT CLOUD MN 56301

CITY OF ST CLOUD
PO BOX 1501
SAINT CLOUD MN 56302-1501

FARM BUREAU FINANCIAL SERVICES
PO BOX 9168
DES MOINES IA 50306-9168

HEALTH & INSPECTIONS
DEPARTMEN
400 2ND STREET SOUTH
SAINT CLOUD MN 56301

HOME RETENTION DEPARTMENT
24755 CHAGRIN BLVD
SUITE 200
BEACHWOOD OH 44122

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY
PO BOX 7346
PHILADELPHIA PA 19101-7346

JAMES ROBERTS
5280 15TH AVE SE
SAINT CLOUD MN 56304

JK STORAGE
SARTELL MN

MN DEPT OF REVENUE
ATTN: DENISE JONES
PO BOX 64447
SAINT PAUL MN 55164

RIVERVIEW LAW OFFICE
PO BOX 570
SAUK RAPIDS MN 56379-0570

SCHILLER AND ADAM PA
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UNITED RELIEF ALLIANCE
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WELLS FARGO BANK
C/O SCHILLER & ADAM, P.A.
25 DALE STREET NORTH
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WEST ASSET MANAGEMENT
PO BOX 790113
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WFHM
7255 BAYMEADOWS WA
DES MOINES IA 50306

WHITE MOUNTAINS SOLUTIONS
628 HEBRON AVE
BUILDING #2, SUITE 106
GLASTONBURY CT 06033

(11/14)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re
Ricky Ray Schmatz

SIGNATURE DECLARATION
(For use in electronically filed cases only)

Debtor(s).

Case No. **14-44676**

- ☐ PETITION, SCHEDULES & STATEMENTS
☐ CHAPTER 13 PLAN
☐ VOLUNTARY CONVERSION, SCHEDULES AND STATEMENTS
☐ AMENDMENT TO PETITION, SCHEDULES & STATEMENTS
☒ MODIFIED CHAPTER 13 PLAN
☐ OTHER (Please describe: _____)

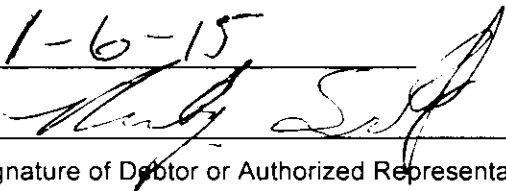
I [We], the undersigned debtor(s) or authorized representative of the debtor, make the following declarations under penalty of perjury:

1. The information I have given my attorney and provided in the electronically filed petition, statements, schedules, amendments, and/or chapter 13 plan, as indicated above, is true and correct;
2. The Social Security Number or Tax Identification Number I have given to my attorney for entry into the court's Case Management/Electronic Case Filing (CM/ECF) system as a part of the electronic commencement of the above-referenced case is true and correct;
3. **[individual debtors only]** If no Social Security Number was provided as described in paragraph 2 above, it is because I do not have a Social Security Number;
4. I consent to my attorney electronically filing with the United States Bankruptcy Court my petition, statements and schedules, amendments, and/or chapter 13 plan, as indicated above, together with a scanned image of this Signature Declaration;
5. My electronic signature contained on the documents filed with the Bankruptcy Court has the same effect as if it were my original signature on those documents; and
6. **[corporate and partnership debtors only]** I have been authorized to file this petition on behalf of the debtor.

Date:

1-6-15

X



Signature of Debtor or Authorized Representative

X

Signature of Joint Debtor

Ricky Ray Schmatz

Printed Name of Debtor or
Authorized Representative

Printed Name of Joint Debtor